




Opening Date: 2020-04-28 

Closing Date: 2020-05-12 

Closing Time: 11:00

## INSTITUTION DETAILS


Institution Name: Don McKenzie hospital 

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: DON MCKENZIE HOSPITAL

Date Submitted: 2020-04-28 

## ITEM CATEGORY AND DETAILS


Quotation Number: ZNQ:  
06-04-/20/21


Item Category: Services 

Item Description: SERVICE OF SANITARY BIN FOR 12 MONTHS

Quantity (if supplies): N/A

## COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Compulsory Briefing Session 

Date: 2020-05-05 

Time: 11:00 A.M.

Venue: Don Mckenzie Hospital recreation hall

QUOTES CAN BE COLLECTED FROM: Don Mckenzie Hospital supply chain management office

QUOTES SHOULD BE DELIVERED TO: Don Mckenzie Hospital tender box near guard room


## ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Makhosi Ngubane

Email: Makhosazana.Ngubane@kznhealth.gov.za

Contact Number: 031-7771155

Finance Manager Name: Mr N.I Mdingi

Finance Manager Signature: 

No late quotes will be considered

**1. Requisitioner:**  
Name: Z.A. Mvelase  
Name of Office/Work: Waste Management  
Tel. Number: 328  
Req. No.: 01 - 2020/2021

- (To Be Completed by)
- Applicant and the applicants supervisor
  - Demand Management
  - Finance
  - Finance Manager/Responsibility Manager
  - Chairperson CFC
  - Assets Management
  - Acquisition Management

**1. Full Description of item/service/repair**  
Sanitary Bin Servicing (12 months)  
Qty Required: 1  
(2) Demand Function Estimated Cost: R27,000.00

**1. WHY IS IT ESSENTIAL AND IN THE BEST INTEREST OF THE DEPARTMENT/INSTITUTION TO BUY/REPAIR THE ITEM?**  
(If the item is available on contract approval must be given by the CEO for the item to be procured outside of the contract)  
To ensure compliance with the relevant waste management legislation.

**1. Requisitioner**  
Full Name: Z.A. Mvelase Signature: [Signature] Date: 01/04/2020  
**1. Recommended / Supervisor** Full Name: DB Nyam Signature: [Signature] Date: 02/04/2020

**3. ALLOCATION OF EXPENDITURE (FINANCE FUNCTION)**

Funds	<u>LOSTED</u>
Responsibility	<u>Don Mckenzie ABSP</u>
Objective	<u>TB hosp in-patient (PAST)</u>
Project	<u>NO PROJECTS</u>
Item	<u>ADES/OLS MED &amp; CHEM WASTE LIT</u>
Net Asset	<u>NON ASSETS related</u>
Reg Ident	<u>KZN00000000000000000000</u>
Infra	<u>NON INFRA/ST Assets current</u>

BUDGET ALLOCATION FOR ITEM	<u>R50000.00</u>
Less Expenditure	<u>-</u>
Less Commitments	<u>-</u>
Amount allocated for this NSI	<u>R 27 000.00</u>
Budget Available	<u>R 223 000.00</u>

**4. Funds are available Finance Manager/Responsibility Manager**

Full Name and Signature: L.S. Rubore Date: 08-04-2020  
Designation: SCMO

**5. Chairman C.E.C. to complete hereunder. Purchase/Repair approved. SCM staff to adhere to SCM prescripts. (Specification Committee) (Demand) (Acquisition) (BEC) (BEC) (BEC)**

Full Name and Signature: D.T. Khanyika Date: 09 APR 2020  
Designation: CEO

**Acquisition Office**  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: \_\_\_\_\_ Date: \_\_\_\_\_  
Is the Asset available on Surplus Stock? NO  
Is a copy of NSI filed by Asset Controller? NO  
Name: N. Nfovele Signature: [Signature]  
Level: 7 Date: 06/04/20

**7.**  
Order No.: \_\_\_\_\_ Date: \_\_\_\_\_ Total Cost: \_\_\_\_\_  
KZN DEPARTMENT OF HEALTH  
Yes / No YES  
06/04/20



**STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00**

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DON MCKENZIE HOSPITAL	
DATE ADVERTISED: 28-04-2020	CLOSING DATE: 12-05-2020 CLOSING TIME: 11:00
FACSIMILE NUMBER: 031-7771717	E-MAIL ADDRESS: 0866669837
PHYSICAL ADDRESS: DON MCKENZIE HOSPITAL NO. 10 ZULU RESERVE ROAD BOTHAS' HILL 3660	

ZNQ NUMBER: 06-04-20/21

DESCRIPTION: SERVICE OF SANITARY BIN FOR 12 MONTHS

CONTRACT PERIOD: ADHOC (if applicable) VALIDITY PERIOD 60 Days SARS PIN:

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

UNIQUE REGISTRATION REFERENCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS)  
TENDER BOX NEAR GUARD ROOM , DON MCKENZIE HOSPITAL NO 10 ZULU RESERVE  
ROAD BOTHAS' HILL 3660

Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.

The quote box is open from 08:00 to 15:30.

ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED)
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NAME OF BIDDER .....

POSTAL ADDRESS .....

STREET ADDRESS .....

TELEPHONE NUMBER CODE.....NUMBER..... FACSIMILE NUMBER CODE .....NUMBER.....

CELLPHONE NUMBER .....

E-MAIL ADDRESS .....

VAT REGISTRATION NUMBER (if VAT vendor) .....

HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) 

YES	NO
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[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL PRICE PAGE FOR QUOTATIONS

ZNQ NUMBER: 06-04-2020

DESCRIPTION: SERVICE OF SANITARY BIN FOR 12 MONTHS

SIGNATURE OF BIDDER ..... DATE.....  
 [By signing this document I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
		SERVICE OF SANITARY BIN FOR 12 MONTHS				
		Site meeting is compulsory				
		Site meeting date : 05-05-2020				
		Site meeting time:11:00 a.m.				
		Site meeting venue : Don McKenzie Hospital Recreation hal				
		SPECIFICATION ATTACHED				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week

Enquiries regarding the <u>quote</u> may be directed to: Contact Person: <u>Makhosi</u> .....Tel: <u>031-7771155</u> E-Mail Address: <u>Makhosazana.Naubane@kznhe</u>	Enquiries regarding <u>technical information</u> may be directed to: Contact Person: <u>Sbonelo Dlamini</u> .....Tel: <u>031-7771.155</u>
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RE SPECIFICATION FOR SANITARY BINS

CAPACITY :

22 LITERS

CAN CONTAIN 175 SOILED DRESSINGS

COLOR

WHITE OR ANY BRIGHT COLOR

Contains sodium Metabisulphide

Dimensions Standard

- Height 650 mm
- Width 320 mm
- Depth 210 mm

Compact

- Height 450 mm
- Width 260 mm
- Depth 180 mm

Weight

- Standard  
2.5kg

Compact

1.5 kg

Construction


- Virgin, copolymer polypropylene

CONTENT

Sodium dioxide that neutralizes odor and prevents bacterial and maggot growth.


Prepared by: Z. Mvelase

Environmental Health Officer

  
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Approved by: G.B.Zamisa

Assistant Director: System

  
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